

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
CHILD'S INDIVIDUAL SERVICE PLAN (ISP)

DATE

PART I: IDENTIFICATION

CHILD'S NAME		DATE OF BIRTH	DDD NUMBER	SOCIAL SECURITY NUMBER
ADDRESS	STREET	CITY	STATE	ZIP
TYPE OF RESIDENCE				
LEGAL REPRESENTATIVE'S NAME		RELATIONSHIP	TELEPHONE NUMBER (AND AREA CODE)	
SCHOOL/WORKSITE NAME			TELEPHONE NUMBER (AND AREA CODE)	
ISP PARTICIPANTS				
INCOME <input type="checkbox"/> SSI - Amount \$ <input type="checkbox"/> Social Security - Amount \$ <input type="checkbox"/> Other - Pension \$				
MEDICAL CONCERNS/ALERTS				
MEDICATION AND DOSAGE				
DOCTOR		TELEPHONE		DATE LAST SEEN
DENTIST		TELEPHONE		DATE LAST SEEN
<input type="checkbox"/> Medical Coupons <input type="checkbox"/> Other medical insurance (specify):				ACES ID NUMBER

PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS

1. What support does the child need to dress and groom self as is expected of others of same age?

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> A
Not old enough to participate in dressing and grooming self. | <input type="checkbox"/> B
Needs major support in the form of total physical assistance, intensive training and/or therapy for dressing and grooming self. | <input type="checkbox"/> C
Needs moderate support in the form of some physical assistance and/or training and/or therapies to dress and groom self. | <input type="checkbox"/> D
Needs reminders or prompts to dress and groom self appropriately. | <input type="checkbox"/> E
At age level (may have physical supports) in dressing and grooming self. |
|---|--|---|--|---|

COMMENTS

PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS (CONTINUED)

2. What support does the child need to toilet self as is expected of others of same age?

☐ **A**

Not old enough to participate in toileting self.

☐ **B**

Needs major support in the form of total physical support. Intensive training intervention and/or daily therapy to toilet self.

☐ **C**

Needs moderate support in the form of some physical assistance, standard training and/or regular therapy.

☐ **D**

Needs reminders or prompts.

☐ **E**

Toilets self or has physical support in place to toilet self.

COMMENTS

3. What support does the child need to eat at age level?

☐ **A**

Needs major support in the form of total physical assistance, intensive training and/or daily therapy.

☐ **B**

Needs moderate support in the form of some physical assistance, standard training and/or regular therapy.

☐ **C**

Needs help with manners and appearance when eating, in the form of reminders and prompts.

☐ **D**

At age level (may have physical supports) in eating.

COMMENTS

4. What support does the child need to move around in the same ways as other children of same age?

☐ **A**

Needs major intervention in the form of total physical support to move around, intensive training and/or daily therapy.

☐ **B**

Needs moderate support such as someone's help to move around or may use or learn to use adaptive device or may require standard training.

☐ **C**

Needs mild intervention in the form of training and physically prompting scooting/crawling/walking behaviors.

☐ **D**

Needs to be encouraged to scoot/crawl/walk.

☐ **E**

No supports needed - child is scooting/crawling/walking at age level.

COMMENTS

PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS (CONTINUED)

5. What support does the child need to communicate as others of same age?

☐ **A**

Currently someone else must always determine and communicate child's needs.

☐ **B**

With intensive training or therapy support, child may learn sufficient verbal and/or signing skills to make self easily understandable to others.

☐ **C**

With physical support (adaptive device, interpreter), child is always able to communicate.

☐ **D**

No supports needed.

COMMENTS

6. What support does the child need to learn about and use money?

☐ **A**

Child is not old enough to know about money.

☐ **B**

Family must devise special opportunities for child to earn/or spend money.

☐ **C**

Needs to learn about earning and/or spending money in typical age-level ways.

☐ **D**

Needs prompt and/or reminders in completing tasks/transactions related to earning/spending money.

☐ **E**

Needs no support. Independently uses opportunities typical to his/her age group to earn and/or spend money.

COMMENTS

7. What support does the child need to make choices and take responsibility?

☐ **A**

Needs major support in the form of special and/or technical help to and from family/teachers to create opportunities for making choices and taking responsibility.

☐ **B**

Needs moderate support in the form of family/teachers creating and explaining a variety of opportunities for making choices and taking responsibility.

☐ **C**

Needs some support in the form of explanation of available options for making choices and taking responsibility.

☐ **D**

Needs no support. Readily uses a variety of opportunities to indicate choices (activity, food, etc.) and take responsibility for (tasks, self, etc.).

COMMENTS

PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS (CONTINUED)

8. What support does the child need to explore environment?

☐ **A**

Needs major support in the form of specialized technical help to and from family/teachers to create ways which support/encourage child to explore and reach out.

☐ **B**

Needs moderate support in the form of some training/physical help to and from family and teachers to create ways and opportunities for child to explore environment and reach out.

☐ **C**

Needs some support in the form of verbal encouragement or presence of someone child trusts to explore environment and reach out.

☐ **D**

Needs no support. Readily explores environment (may have adaptive device) and reaches out in ways typical to child's age group.

COMMENTS

9. What supports are necessary to get child's therapy health needs met?

☐ **A**

Child requires medical/health intervention or monitoring by professionals at least daily.

☐ **B**

Child needs regular (weekly, monthly) monitoring by health professionals.

☐ **C**

Child needs daily support and/or monitoring by trained others.

☐ **D**

Needs regular on-going therapy and/or monitoring of health needs through typical community health systems.

☐ **E**

No specialized supports necessary. Child's therapy and health needs are met through typical community health systems.

COMMENTS

PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS (CONTINUED)

10. What support services should the system provide to help family continue to meet child's needs?

☐ **A**

Substantial significant supports to child and parents needed. Child in, or at risk of out-of-home placement at this time.

☐ **B**

Substantial support needed/requested; e.g., requests for more than two days per month respite, referral to homemakers, homebuilders; request for long term behavior management training, need extensive and/or expensive environmental modification or equipment; request frequent contact with case manager.

☐ **C**

Moderate external support needed/requested; e.g., requests for regular respite, intensive but short-term behavior management, referral for parent training help, referral to day care services; and/or request for regular contact with case manager.

☐ **D**

Minimal external support needed/requested; e.g., requests for occasional respite, referrals to parent support group, and/or case manager helps obtain adaptive equipment.

☐ **E**

No external supports are necessary. Family has obtained any necessary adaptive equipment.

COMMENTS

11. What supports does the child need to make the kind of relationships with family members expected of non-disabled children of same age?

☐ **A**

Opportunities for contributing to family life totally dependent on others to maintain, interpret child's role to other family members.

☐ **B**

Requires major support in the form of daily/weekly creation of opportunities to be seen as contributing member and assume typical family responsibilities.

☐ **C**

Requires moderate support in the form of adaptive device, training and/or reminders to be seen as contributing member and assume typical family responsibilities.

☐ **D**

Needs minor support in seeing self and being seen as contributing member and assume typical family responsibilities.

☐ **E**

Needs no support to form positive family relationship.

COMMENTS

PART 2: ASSESSMENT - CURRENT SUPPORT NEEDS (CONTINUED)

12. What support does the child need to explore and use typical community resources such as stores, parks, and playgrounds?

☐ **A**

Family needs major support (perhaps respite) to continue to provide child total physical support to use typical resources.

☐ **B**

Moderate support is needed - family must create ways for child to use these resources in ways typical to child's age group.

☐ **C**

Minimal support needed - family may wish suggestions or some support on ways to enable child's regular use of typical resources.

☐ **D**

Needs no support. Uses these resources regularly.

COMMENTS

13. What supports are needed for the child to develop age-level skills in playing with others?

☐ **A**

Major support needed by others to help child play. Parents may request special adaptive equipment and training to foster child's playing skills.

☐ **B**

Moderate support needed in the form of a verbal and/or some physical intervention to help child play. Parents may be requesting suggestions instruction in ways to help child develop playing skills.

☐ **C**

Minimal support needed.

☐ **D**

No supports needed. Child's playing skills developing at age level.

COMMENTS

14. What support does the child need to have opportunities to play with non-handicapped children?

☐ **A**

Substantial system support; e.g., system must set up "programs" that allow for interaction with non-handicapped children and the "programs."

☐ **B**

Moderate supports; e.g., parents have to create opportunities for contacts. Parents may ask for instruction in how to facilitate such contacts. System may need to provide structural supports; e.g., transportation, barrier-free public play environments, etc.

☐ **C**

Minimal support; e.g., some monitoring. Parents may request help on how to broaden child's range of contacts to increase the age appropriateness of contacts.

☐ **D**

No support needed.

COMMENTS

CASE/RESOURCE MANAGER'S SIGNATURE	DATE
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NAME

CHILD'S INDIVIDUAL SERVICE PLAN

PART 3: SERVICE PLAN				
OUTCOME	SHORT RANGE GOAL	SERVICES/METHODS	FACILITATOR	MONITORING PLAN

ISP PART 4: SIGNATURES		
NAME	DDD NUMBER	
APPROVAL OF SERVICE PLAN		
<p>I have reviewed the INDIVIDUAL SERVICE PLAN and agree to the goals and services in PART 3. This service plan is not a guarantee of service per WAC 388-825-050.</p> <p>New goals shall not be added without my prior approval and signature.</p>		
CLIENT'S SIGNATURE	DATE	
REPRESENTATIVE'S SIGNATURE	DATE	
CASE/RESOURCE MANAGER'S SIGNATURE	DATE	
YOUR APPEAL RIGHTS		
<p>You have ninety (90) days from receipt of this notice to request an administrative hearing to appeal this action.</p> <p><input type="checkbox"/> You are currently receiving a paid service from DDD and want the service continued during your appeal. You must file your request for an administrative hearing by: _____.</p> <ul style="list-style-type: none"> If you choose to continue this paid service and the final decision upholds the department's action, you may be responsible to repay up to 60 days of paid services. If you do not want your paid services to continue, contact: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ CASE/RESOURCE MANAGER </div> <div style="width: 10%; text-align: center;"> at </div> <div style="width: 45%; text-align: center;"> _____ TELEPHONE NUMBER </div> </div> <p>You have the following rights:</p> <ol style="list-style-type: none"> 1. To be represented (you may be eligible for free legal assistance); 2. To request a copy of your file and all information reviewed by DDD to make its decision; 3. To submit documents into evidence; 4. To testify at the hearing and to present witnesses to testify on your behalf; and 5. To cross examine witnesses testifying for the department. <p>A form for requesting an administrative hearing is enclosed.</p>		
QUESTIONS		
If you have questions about this decision or appeal process, please contact:		
NAME	TELEPHONE NUMBER	LOCAL OFFICE



**CHILD'S INDIVIDUAL SERVICE
PLAN (ISP)
REQUEST FOR HEARING**
Per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY

☐ **Oral request taken by:**

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

MAIL TO: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAX: 360-586-6563

- I request a hearing because I disagree with the following service or provider decision by the Division of Developmental Disabilities (DDD).

YOUR NAME (PLEASE PRINT)

DATE OF BIRTH

ADDRESS OF PERSON REQUESTING HEARING

CLIENT ID NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

☐ MESSAGE PHONE

I was notified of the decision on: _____ **by:** _____
DATE DSHS OFFICE NAME AND LOCATION

I want continued assistance, if I am eligible: ☐ Yes ☐ No **Program:** _____

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME

ORGANIZATION

TELEPHONE NUMBER

ADDRESS STREET

CITY

STATE

ZIP CODE

☐ **I authorize release of information about my hearing to my representative.**

YOUR SIGNATURE

DATE

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? _____

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing. Follow the instructions in the Notice of Hearing that will be mailed to you by OAH.